## IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

RoberT L. Collins Bey, PlainTiff,

CASE NO. 3:13-CV-618-2dp

VS.

TIM HAINES, PETER HUIBREGTSE,
MICHAEL MEISNER, TONY RSHWORTH,
MARY MILLER, CINDY SAWINSKI,
KAREN ANDERSON, CYNTHIA M. THORPE,
DR. JAMES THORPE, DR. JAMES WOMMACK,
DR. WILLIAM GISWOLD, DR. TOM BOSTON,
GARY BOUGHTON, AND MAN LEE,

Defendants.

#### FILING, THE NOTICE OF APPEAL PURSUANT TO FEDERAL KNIES OF APPELLATE PROCEDUKE, AND THE SEVENTH CIXCUIT KULES

NOW Come Plaintiff Robert L. Collins Bey Hence forth (Collins Be)

R (Pro Be Prisoner Litigate). And move This court to recognize as

Timely, The filing of his "Notice of Afreal"; As dictated himswant

To the federal Rules of Appellate Procedure 3: Rule 3. Appeal

as of Right-How Taken... And Pursuant to the Circuit Rules of

The united states court of Appeals for the Seventh Circuit 3:

Circuit Rule 3.

1) Plaintiff Collins Bey, here and Now assert That on September 30th, 2016 That DISTrict Judge JAMES D. PETERSON issued an "OPINION and OKDEK", Partially granting Defendant's Motion for Summary Judgment [SEE OKT. #80]... And on

November 16th, 2018 DISTrICT Judge Peterson issued a final--ORDER" fully granting peterdant's motion For summary Judgment, [SEE OKT. #80].

Now it is Plaintiff Collins Bey's intention To "Bring up For Review, The Entire-Record" Against "Each - individual Defendant" in This civil Action.

Defendant" in This civil Action. has
Because District Judge leterson blatant Abused! his
discretion a" mustitud of Times" Thru-out These legal
Proceedings, Just to reach his own desired conclusion.

District Judge Peterson, has disregarded The factual evidence, That Support a genuine issue of material fact in favor of The nonmoving Party. He has disvegarded Totally "Quoted Superior, case law" in plaintiff's motion(s), Brief/memorandum of law.; He has benied, "PerTinent motions" without and legal" opinion, or citation of case law", Just a Simple Denied; He has reduced Eight(8) defendants, To Two(2) in The Official Capacity claim, without and legal reasoning What-so-Ever. He has dismissed individual defendants) from The Case, and left No!"individual - Precise" yeasoning For doing so. He has allowed The Defendant's legal course! To TO Violate The Rules, Of The Federal Rules Of Civil Procedure. By allowing Coursel To Submittalse-Responses and unsigned" Intervosatories" To The Court and Plaintififf ... And Then withdrawdefendant miller's interrogatories" on the growns That She is Permanent!.. "incapacitated ... And Then a few months later, Thenallow This "Same" Defendant To Submit To The Court

A"Signed Declaration" in Support of Defendants motion for Summary Judgment. He has in factallaged The Defendants" Three (3) "opportunities! To file a Motion For Summary Judgment, When The Time had Passed for both Parties to File any Dispositive motions, from The initial-Pretrial conference OKDER". Judge Peterson OKDER a Second Conference To "re-Set The Schedule for The remainder of the Proceedings in This lawsuit", but The Plaintiff Collins Bey was not ... " Present as a Right by law, To object to The Defendants getting a Second Kick-at-The-Can for summary Twasment. And it is in Part, For The before mention facts That The Plaintiff Collins Bey ask The Repostlate Court To review The entire-records) of This case.

# CIRCUIT RULE 3. DOCKETing Fee (b)...

Normally, an Appellant is required to Pay Docketing fee.

Normally, an Appellant is required to Pay the Docketing fee within 14 day after docketing. And if the Appellant fails to do So, the clerk is authorized to dismiss the Appeal...

However, Plaintiff Collins Bey was and still remain an "indigent fro se litigate", and the District Court in thes Case allowed him to Proceed in forma fauperis.

And in Accordance with the Federal Rule of Appellate

Procedure 24:

KULE 24. Proceeding In forma Pauperis.

[SEE] Subsection(3): Prior Approval.

in the district-court action, or who was determined to be financially unable to obtain an adequate defense in a criminal case, may proceed on appeal in forma fauperis fauperis without further authorization, unless:

(R) The district court-before or after the notice of affect is filed-certifies that the appeal is not taken in good faith or finds that the farty is not otherwise entitled to Proceed in forma lawperis. In that event, the district court must state in writing its reasons for the certification or finding; or (B) a statite provides otherwise."

Plaintiff Collins Bet assert That This Appeal is Trut Needed because his Dental health is still at Risk... And That Defendant man Lee has Submitted "false", Dental Performance Measures Reports / Exhibit 1004" To gain The district Count's favor in granting them Their motion for Summary Judgment. In according to Defendant's exhibit 1004-024; The ursent wait list, "in Days" are (0) Zero!.. Plaintiff has one maybe two Teeth that need to be fully extract... And Plaintiff has been waiting in rain, Since November 09th, 2018

[SEE] Plaintiff Collins Bey's Exhibit: R-I and R-2... And as of the writing of this Notice of Appeal, its been 33 days and Plaintiff STill has not been Seen by Dental Service at W.S.P.F. Now either The Defendants exhibit is false, or The Paintiff

is being discriminated against?".

3) All of The exhibits that are attached incorporated into This of Appeal, are an exact copy of Those found in the official vecords).

I, am a fre se Prisoner litigart with mental issues, and Currently on Two Separate Psychi medication. And This is the best I can do without the assistance of legal Poursel.

> I, declare Pursuant To 28 4.8. C. 31746 And under The Penalty of Perdury That All facts contain herein are true and correct as written.

Lo Collen Bey Bro Se liTisant Robert L. Collins Bet H: 84404; W.S.P.F. P. O. 130X 1000 Moscobel, WI 53805

DOC-3622 (Rev. 3/2016)	PATIENT COMI	MUNICATION	
PATIENT NAME (Last, First)  Collins, Robe	•	DOC NUMBER	FACILITY NAME
DOC # 08440			WSPS
You are scheduled for a:			
You must follow the following	na instructions:		
Follow directions below if this box is checked	Follow directions below if this box is checked	Follow directions below if this box is checked	Follow directions below if this box is checked
As of No naps.	As of  No aspirin.	Nothing to eat or drink starting:	Clear liquids only starting
<ul> <li>No caffeine products such as coffee, tea, canned soda or chocolate.</li> </ul>	<ul> <li>No non-steroidal anti- inflammatory medications such as ibuprofen, Naproxen, Meloxicam.</li> </ul>	, and the second	
	DIRECTIONS FOR M	EDICATIONS	<u>, , , , , , , , , , , , , , , , , , , </u>
to the HSU:	as/have been discontinued. Please	s such raking the medication(	s) and return the medication(s
	NEW MEDICAT	TON(S)	
You have new medication.			
The medication is: S	alt swish		
You should take this m			
The medication is for:		-	
Your medication is kept			
☐ Your medication is kept	by staff (staff controlled)		
☐ Your medication has be HSU	en ordered from the pharmacy. If y	ou do not get your medicatio	n with 7 days, notify the
You have new medication.			
	uproten		
☐ You should take this me		110000000	
	with pain	lehrs as new	eneci
☐ Your medication is kept of	323711		
☐ Your medication is kept t			
☐ Your medication has bee HSU	n ordered from the pharmacy. If yo	ou do not get your medication	with 7 days, notify the
	LABORATORY / IMAGING	TEST RESULTS	
ou recently had 🗌 Lab Work 📗	Diagnostic Imaging		
Your results were reviewed and	are considered normal. No follow-	un is needed	
We will continue to see you throu	igh chronic care.		
Your results are abnormal and a	follow-up appointment will be sched	duled to discuss your plan of	Care
Tou need to be aware of the follo	wing:	to dioodoo your plair of	care.
GNATURE OF HSU STAFF		:	DATE SIGNED

DISTRIBUTION: Original - Medical Chart, Correspondence Section; Copy - Patient

EXHIBIT: A-1.

PATIENT No., Robert  DOC # 084404  You are scheduled for a:  You must follow the following box is checked	DOB: (62	DOC NUMBER  Follow directions below if this box is checked	FACILITY NAME  USPS
Tou must follow the follow box is checked	ing instructions:  Follow directions below if this box is checked  As of	Follow directions below	WSB
You are scheduled for a: You must follow the following Follow directions below if this box is checked	ing instructions:	Follow directions below	WSB
You must follow the following Follow directions below if this box is checked	Follow directions below if this box is checked  As of	Follow directions below	
Follow directions below if this box is checked	Follow directions below if this box is checked  As of	Follow directions below	<u> </u>
Follow directions below if this box is checked	Follow directions below if this box is checked  As of	Follow directions below	
Λ e	1 4,	r ir ir is Dox is checked	Follow directions below if this box is checked
As of	• No aspirin	Nothing to eat or drink	Clear liquids only starting
<ul> <li>No naps.</li> </ul>	i i i i i i i i i i i i i i i i i i i	starting:	- Oldar liquids of hy starting
<ul> <li>No caffeine products such as coffee, tea, canned soda or chocolate.</li> </ul>	<ul> <li>No non-steroidal anti- inflammatory medications such as ibuprofen, Naproxen, Meloxicam.</li> </ul>		
	DIRECTIONS FOR M	EDICATIONS	
☐ The following medication(s)	has/have been discontinued. Please		s) and return the madination (
to the HSU:		The same of the street of the	s) and return the medication(s
	NEW MEDICAT	ΓΙΟΝ(S)	
You have new medication.			
The medication is:	Oruje I		,
☐ You should take this m	nedication: NO Mure mai	04 times a da	( l
The medication is for:	<u> 700m Dun</u>	· I mind a ma	<del>3</del>
Tour medication is kep	ot on your person		
Your medication is kep	ot by staff (staff controlled)		
☐ Your medication has be HSU	een ordered from the pharmacy. If y	ou do not get your medicatio	n with 7 days, notify the
You have new medication.			
☐ The medication is:	-		
☐ You should take this me	edication:		
☐ The medication is for:			
Your medication is kept	on your person		
Your medication is kept	by staff (staff-controlled)		, , , , , , , , , , , , , , , , , , , ,
☐ Your medication has bee	en ordered from the pharmacy. If yo	ou do not get your medication	with 7 days, notify the
	LABORATORY / IMAGING 1	TEST RESULTS	· · · · · · · · · · · · · · · · · · ·
ou recently had 🗌 Lab Work 🏻	Diagnostic Imaging		
Your results were reviewed and	are considered normal. No follow-	up is needed	
vve will continue to see you thro	ugh chronic care.		
Your results are abnormal and a	follow-up appointment will be sched	duled to discuss your plan of	AAra ·
Log tieed to be aware of the tolk	owing:	to discuss your hist of	care,
SNATURE OF HSU STAFF			DATE SIGNED
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DISTRIBUTION: Original - Medical Chart, Correspondence Section; Copy - Patient

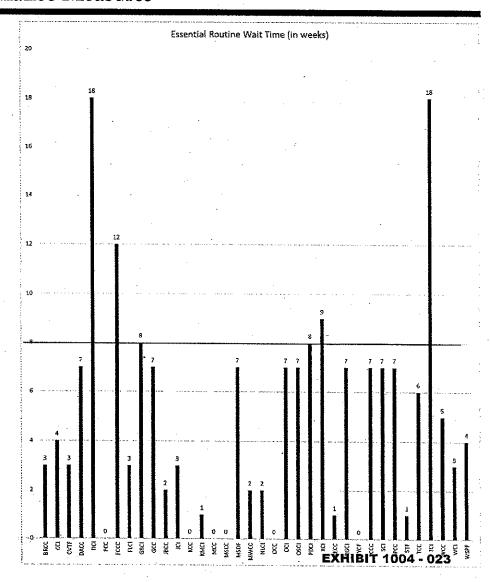
EXHIBIT: R-2.



### Dental Performance Measures

Goal (in weeks) = < 8
Year 2016
Month September
Type of List Essential Routine
Status Completed or Treated

the probability to the terminal section of the sect		er - a - and value of a sign	to of recise when the second when the w		The second of the second of the second of	
Facility	Monthly DSR's Rec'd	Monthly Appts.	Monthly Completed	⇔on Wait List	Max Wait Time	Reached
BRCC	5 5	2	2	3	(în weeks)	Goat?
CCI	18	19	19	7	4	<del></del>
CVTF	33	32	28	5	3	<del></del>
DACC	16	6	Б	25	7	7
DCI	16	6	6	71	15	×
FCC	1	1	1	Ó	0	<del></del>
FCCC	1	3	3	1	12	×
FLCI	56	52	51	15	3	7
GBCI	22	31	24	27	В	
GCC	0	1	1	1	7	<del></del>
JBCC	5	6	6 6	<del></del>	2	<del></del>
JCI	37	38	37	В .	3	1
KCC	2	2	2	0	0	1
KMCI	4 -	9	9	2	1	
MCC	1	1	1	0	0	7
MSCC	0	D	0	0	0	-
MSDF	77	48	48	25	7	-/
NLCI	15	19	19	5	2	~
OCC	4	2	2	6	0	1
OCI	27	28	25	11	7	1
osci	6	10.	10	2 .	7	✓
PDC1	12	7	5	21	8	1
RCI	45	52	52	44	9	×
RECC	18	16	16	1	1	1
RGCI	14	17	17	21	7 , -2	~
RYCF	Б	7	7	0	.0	1
SCCC	0	1	1	1	7	1
8CI	49	52	50	3	7	7
SPCC	2	1	1	3 .	7	7
STF _	3	3	3	1	1	7
	· 4	3	3	3	6	~
TCI	43 .	. 34	33	72	18	×
WCC	8	4	4	13	5 ·	1
WCI	46	42	41 .	4	3	<b>√</b>
MWCC	3	2	2	3	2	1
WSPF	14	13	13	4	4	✓
Statewide Totals	614	570 ·	548	407		X 4



### Dental Performance Measures

					Mox Wait Time	
Facility	Monthly DSR's Rec'd	Monthly Appts.	Monthly	# on Wait List	During Month (in days)	Reached Goal?
BRCC	0	0	0	0	0	√
CCI	2	2	2	0	0	· · · · · · · · · · · · · · · · · · ·
CVTF	0	0	0	0	0	1
DACC	14	14	14	0	C	1
DCI	14	14	14	0	0	· · · · · · · · · · · · · · · · · · ·
FCC	0	0	0	0	0	**************************************
FCCC	G	0	0	0	C	*
FLCI	5	5	5	0	C	· ·
GBCI	1	1	1	0	C	✓
GCC	0	0	٥	0	8	1
JBCC	0	0	. Đ	0	0	
JCI	28	28	28	0	0	1
KCC	0	0	Ð	0	0	<b>~</b>
КМСІ	21	21	21	0	C	✓
MCC	0	0	0	Ô	C	<b>√</b>
MSCC	0	0	0	0	0	·
MSDF	8	7	7	G	0	1
NECI	16	16	16	G	0	
occ	1	1	1	2	6	······································
oci	2	2	2	Ö	0	<u> </u>
osci	32	31	31	3	0	1
PDCI	26	26	26	Ô	0	1
RCI	9 .	9	9	0	0	✓
RECC	o	0	0	0	0	1
RGCI	6	5	5	0	0	<b>✓</b>
RYCF	2	2	2	0	0	✓
SCCC	D	0	C	0	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SCI	4	4	4	0	0	**************************************
SPCC	Ð	0	0	. O	ð	······································
STF	O	0	0	0	0	·····
TCC	0	0	O.	0	0	4
TCI	0	0	O	0	0	·
WCC	6	4	4	Ū	0	·····
WCI	3	3	3	0	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
MWCC	0	0	0	0	0	<b>Y</b>
WSPF	8	8	8	0	0	✓
		il de la company				
Statewide Totals	208	203	203	5		X O

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